PVA

CARES Commission Montana, Colorado (9/22/03)

Members of the Commission, the Mountain States Chapter of the Paralyzed Veterans of America (PVA) is pleased to provide its input to you regarding VA's plan for the future delivery of medical services to veterans with spinal cord injury or disease (SCI/D) during this phase of VA's Capital Asset Realignment for Enhanced Services (CARES) initiative. PVA recognizes the vital importance of the CARES process. VA's CARES initiative is designed to meet the future health care needs of America's veterans by charting a course to enhance VA health care services through the year 2022.

For PVA members, there is no alternative health care delivery system in existence that can deliver the complex medical services required to meet the on-going health care needs of veterans living with spinal cord injury or disease. For us, VA's spinal cord injury centers are a matter of life or death, a matter of health or illness, and a matter of independence and productivity. Additionally, PVA is pleased to see that VA's recent CARES document understands the need to assure the availability of neurosurgical medical services at all SCI Center locations.

Following World War II, the life expectancy of a veteran with a spinal cord injury was just over one year, but now because of important medical breakthroughs, many achieved through VA medical research, and the development of VA's network of spinal cord injury centers a veteran with a spinal cord injury can expect to live a fairly normal lifespan. However, during our lifetimes we depend, time and again, on the VA SCI center system to meet and resolve the health care crises we encounter as we grow older.

Our local PVA Chapter has been seriously involved with the CARES process since its inception, we attended local CARES meetings, and we provided our comments on the VA's VISN Market Plans affecting our area to our national office who in turn provided them to you. On the whole, the Mountain States Chapter feels relieved that VA's SCI population and workload demand projections model recognizes the need for increased VA SCI acute and long-term care medical services through fiscal year 2022. VA's VISN Market Plans call for the addition of four new SCI centers located in VISN 2, 16, 19 and 23 and for additional long-term care beds in VISN's 1, 8, 9 and 22. These new centers and long-term care beds are essential to meet the growing medical needs of PVA members across America and in our local area.

VISN 19 MOUNTAIN STATES CHAPTER

The health care need of the veteran population of Montana is similar to that of Wyoming in that you have a very large state where people must travel great distances to receive health care.

As you are aware Ft. Harrison is the only VA Medical Center in the Montana market and that market comprises all but one county in Montana and three counties in North Dakota.

We are pleased by the plan to improve care to both Billings and Great Falls by purchasing impatient hospital care with local providers and that the growing need for out patient specialty care will be met through contractual arrangement with local providers.

While we approve of the proposal to open two new CBOCs in cut bank and Lewistown it is our understanding that the priority for both of these clinics are considered low and therefore it may take years if ever for them to become a reality.

Once again the Mountain States Chapter stands ready to assist the Commission in understanding the unique SCI medical care needs in our geographical area. If we can be of further assistance please don't hesitate to contact the Mountain States Chapter Mark Shepard, Executive Director, 1101 Syracuse Street, Denver, CO 80817 at 303-322-4402 or Bill Conroy, NSO III at 303-914-5590.

Thank you for listening to our concerns.

JOSEPH S. FOSTER TESTIMONY - September 24, 2003
ADMINISRATOR, MONTANA VETERANS AFFAIRS DIVISION

BILLINGS HEARING (VISN 19) - CARES

Commissioner Vanenburg, commission members, distinguished visitors and guests, my name is Joe Foster, administrator for the State of Montana's Veterans' Affairs Division. Thank you for this opportunity to testify and present the CARES national plan issues I believe most significant to Montana's veterans.

With approx. 108,000 veterans, Montana is second in the nation with its per capita veteran population; and with the state's enormous size, topography and rural orientation, medical service availability and access is the single-most critical issue our veterans face. For this reason, my testimony is focused in regards to the two additional community-based outpatient clinics (CBOCs) proposed by Fort Harrison VA leadership and supported by VISN 19. These two additional CBOCs - one in Lewistown, the geographic center of the state; and one in Cut Bank, along Montana's northern tier and proximate to the Blackfeet Tribal Reservation - would remedy medical access issues in two large, currently underserved, geographic areas. I am extremely appreciative of Mr. Joe Underkofler at the Fort Harrison VA Center and VISN 19 leadership for supporting these two additional CBOCs for Montana.

The issue, though, is that these two CBOCs have been relegated to priority 2 status in the national CARES plan, which means that they may never be funded or established. The 48 CBOCs identified as priority 1 are planned to be developed during the next 7 years. Of those 48 CBOCs, none are in VISN 19. In fact, only one priority 1 CBOC is even in the western half of the United States.

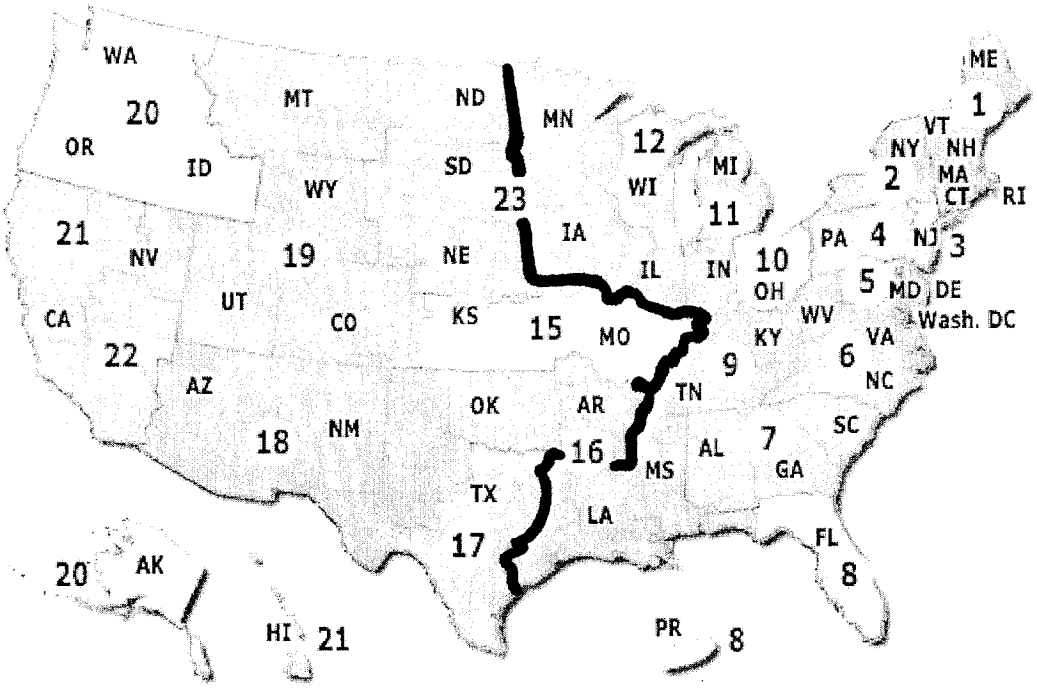
With my testimony is a map that portrays the division through our nation as related to the VA's plan to establish additional CBOCs. It is remarkable to me that west of Minnesota, Iowa, Kentucky, Tennessee, northern Mississippi and the Houston/Galveston area in southeastern Texas, there is only one priority 1 CBOC. That lone CBOC is planned for central Washington State.

On the surface, this speaks negatively of an understanding or commitment to serving veterans in the Midwest and West. Perhaps Midwestern and Western urban areas have adequate VA hospitals and clinics, but the needs of frontier states like Montana simply aren't being adequately addressed. I know there is a "big picture" to all this and much simply comes down to numbers - specifically, veteran population concentrations. I understand that. But I ask you is to look beyond numbers and consider the unique needs of the Montana veteran - where 45% are age 65 or older, where crossing the Continental Divide and driving 100-200 miles, or even further - one-way - over icy or snowy roads to the nearest VA medical facility is common, not the "exception to the rule."

NAVIGATE: Home

Facilities & Leadership Directory

Select a map: Veterans Health Administration Go



Click on the state or the visn number for information about facilities there.

STATEMENT OF
KEVIN R. GRANTIER
NATIONAL SERVICE OFFICE SUPERVISOR
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
BILLINGS, MONTANA
SEPTEMBER 24, 2003

Mr. Chairman and Members of the Commission:

On behalf of the local members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the proposed Capital Assets Realignment for Enhanced Services (CARES) Market Plans for this area in VISN 19.

Since its founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Preservation of the integrity of the Department of Veterans Affairs (VA) health care system is of the utmost importance to the DAV and our members.

One of VA's primary missions is the provision of health care to our nation's sick and disabled veterans. VA's Veterans Health Administration (VHA) is the nation's largest direct provider of healthcare services, with 4,800 significant buildings. The quality of VA care is equivalent to, or better than, care in any private or public health care system. VA provides specialized health care services—blind rehabilitation, spinal cord injury care, posttraumatic stress disorder treatment, and prosthetic services—that are unmatched in the private sector. Moreover, VHA has been cited as the nation's leader in tracking and minimizing medical errors.

As part of the CARES process, VA facilities are being evaluated to ensure VA delivers more care to more veterans in places where veterans need it most. DAV is looking to CARES to provide a framework for the VA health care system that can meet the needs of sick and disabled veterans now and into the future. On a national level, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. We do not believe that restructuring is inherently detrimental to the VA health care system. However, we have been carefully monitoring the process and are dedicated to ensuring the needs of special disability groups are addressed and remain a priority throughout the CARES process. As CARES has moved forward, we have continually emphasized that all specialized disability programs and services for spinal cord injury, mental health, prosthetics, and blind rehabilitation should be maintained at current levels as required by law.

Additionally, we will remain vigilant and press VA to focus on the most important element in the process: enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

Furthermore, local DAV members are aware of the proposed CARES Market Plans and what the proposed changes would mean for the community and the surrounding area.

During the CARES initial analysis, it was determined that Montana would need two new Community-Based Outpatient Clinics (CBOCs). The two new clinics were to be established in Cutbank and Lewistown. The clinics would provide essential medical care for veterans in these areas. Additionally, initial analysis recommended the building of additional CBOCs in Coeur d'Alene, Idaho and Williston, North Dakota. These CBOCs would not only provide the necessary medical access needed in those states but would also be available for use by Montana veterans living adjacent to these towns resulting in easier access as well.

The VA Montana Healthcare System operates only one major medical center in the state. It is located at Fort Harrison, five miles west of Helena. This health care system also operates nine primary care outpatient clinics at Anaconda, Billings, Bozeman, Glasgow, Great Falls, Miles City, Missoula, Kalispell and Sidney. The VA Montana Healthcare System has had more than a 36 percent increase in the number of veterans treated from 1997 to 2002. The number of inpatient admissions for 2002 was 2,178. Outpatient visits totaled 201,243.

Montana covers a land area of more than 147,000 square miles, making it the fourth largest state in the nation. In area, it can accommodate Virginia, Maryland, Delaware, Pennsylvania, and New York, and still have room for the District of Columbia. Yet, Montana's population is just 856,057 (1994 estimate), making it the sixth least populated state. There are fewer people living in the entire state of Montana than in the city of Phoenix.

Based on current numbers, the density of persons per square mile is 6.2. The density of veterans per square mile is only .73 and the density of veterans actively seeking VA medical care is only .16 per square mile. We feel that one important reason for why veterans numbers are so low is the availability of VA medical treatment facilities. We believe that the introduction of additional CBOCs will increase the number of veterans actively seeking medical care through easier access.

Mr. Chairman and Members of the Commission, you simply cannot take a state like Montana and throw it into the mix and compare it to all the other states. Montana, due to its large area, geographical location, low population and being below the national means in income, makes Montana and more importantly Montana’s veterans, unique.

Even though we are living in the year 2003, Montana is still, in many ways, living on the frontier and practicing frontier medicine. To ask a veteran to drive two to three hours in the middle of a Montana winter, which can easily consist of -30 to -40 degree temperatures, four to six feet of snow and winds on the eastern side of the state that average 40 to 50 miles an hour, is unsafe and irresponsible.

Providing adequate medical facilities within **reasonable** driving distances for **our state’s environment and locale** is the appropriate, moral, and most importantly, the honorable thing to do.

Do not allow the two CBOCs that Montana veterans so desperately need to be downgraded to a lower priority. All of us know that any CBOC not listed on priority level number one has little, if any, chance of being approved, much less being actually built.

In closing, the local DAV members of VISN 19 sincerely appreciate the CARES Commission for holding this hearing and for its interest in our concerns. We deeply value the advocacy of this Commission on behalf of America's service-connected disabled veterans and their families. Thank you for the opportunity to present our views on these important proposals.

STATEMENT OF
ROBERT T. SCHWEGEL
STATE SERVICE OFFICER
DEPARTMENT OF MONTANA
VETERANS OF FOREIGN WARS
OF THE UNITED STATES
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES (CARES) COMMISSION
BILLINGS, MONTANA
SEPTEMBER 24, 2003

Mr. Chairman and Members of the Commission:

On behalf of the 15,500 members of the VETERANS OF FOREIGN WARS and it's Ladies Auxiliary here in Montana, we thank you for the opportunity to appear before you and express our views on the proposed CARES plan for VISN 19, with specific focus on the Market Plans affecting Montana's underserved veteran population.

In view of the goal of CARES, we are concerned whether it can be effectively achieved without fully addressing all issues to include long-term care, substance abuse, and mental health programs. Our additional concern with the draft plan before us today, is that this is not the plan, which was developed and presented to the VISN 19 and more importantly, to the Montana market stakeholders previously.

The original market plan for Montana called for the addition of two Community-based Outpatient Clinics (CBOCs) to be established in Lewistown and Cutbank. However, in the National roll-up as presented in the revised draft plan, these two clinics were placed in a priority two listing. Not being in the priority group one, this again, gives our affected veterans the perception that they are "second class" and these two clinics stand little if any chance of ever becoming a reality.

In addressing the Montana market, we question the validity of the Milliman Contractor data. Did that assessment include the veterans being provided fee basis care, and did it include those veterans who live in Montana, receive their primary care in Montana, and are assigned to VISN 20? Did the assessment include those veterans living in North Dakota, who receive their primary care in Montana? Also, we believe the lack of reasonably available facilities, when considering distances and environmental conditions, has a large impact on the number of veterans seeking VA health care.

Taking this one step further, we question the means in which the assessment data was used. It would appear everything was crunched into a given set of parameters which were applied nation-wide with little consideration being given to the uniqueness of

individual Market areas, such as, geographical, environmental, and financial issues as well as the overall "frontier medicine" atmosphere that exists in the Montana market. The result is that we cannot effectively compete against the large population centers and therefore will be left behind with our 107,000 veterans still struggling for decent health care.

Mr. Chairman and Members of the Commission, as we proceed through the CARES process, we, in Montana, no longer get any "warm fuzzies" about this program, and quite frankly, we are wondering what happened to the "Enhanced Services" portion of CARES.

We thank you again for this opportunity to present our views, and ask the good Lord above to grant you the strength and wisdom necessary in your deliberations on behalf of all our nation's veterans. Thank you.

STATEMENT OF
TODD WHITE, NATIONAL VICE COMMANDER
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE DRAFT NATIONAL CARES PLAN

SEPTEMBER 24, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 19. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately $1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system. Once the final recommendations have been approved, the implementation and integration of those recommendations will occur.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

- Prioritization of the hundreds of construction projects proposed in the Market Plans. Currently, no plan has been developed to accomplish this very important task.
- Adequate funding for the implementation of the CARES recommendations.
- Follow-up on progress to fairly evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

VISN 19 – MONTANA AND SHERIDAN, WYOMING MARKETS

There are two VA Medical Centers that service these markets and they are located in Fort Harrison, MT and Sheridan, WY.

Access

The CARES initiative identified access gaps in hospital and tertiary care for both markets. The DNP proposes to increase access for hospital care and tertiary care by

contracting at ten sites throughout VISN 19. The American Legion has significant concern with contracted care and we have expressed our concern to the Commission members on the wide use of this tool as proposed in the DNP at the hearing held on September 22, 2004.

Small Facility

Fort Harrison services the entire state of Montana. It has a history of seismic damage and several years ago, under new standards, many of its buildings were upgraded to a High Seismic Risk rating. As a result, these buildings are no longer in compliance with safety criteria and need to be corrected. We must ensure the safety of the patients and employees. The American Legion has voiced concern to Congress about the absence of funding, VA wide, regarding seismic corrections. VA has many buildings on the Extremely High Risk list that have been neglected for years because of lack of money. This cannot go on any longer. Patient safety is jeopardized every day that passes and buildings are not brought up to code. The inclusion of this pervasive problem in the DNP and the fact that the VISN identified it as a planning initiative reassures The American Legion that VA is very serious about seismic issues and that patient safety is a priority.

Fort Harrison is also experiencing lead based paint issues with some of its buildings. VHA published guidelines VISNs are to follow on the abatement and removal of lead based paint. The American Legion is pleased that Fort Harrison is addressing this issue.

Outpatient Services

The DNP proposes many options regarding the increased need for primary care and specialty care services. These options include construction, renovation and contracting of care during high peak periods.

Thank you for the opportunity to express the views of The American Legion on the CARES initiative.

Good Afternoon

My name is Beverly Stewart; I am the Montana State Council Vice President for Vietnam Veterans of America. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 19 in Montana, for care and treatment.

The concept of CARES-to assess VHA's current capital assets and determine its future needs-is a worthy goal. No one wants to see money being wasted on the maintenance of old, outmoded, and in some cases, unused buildings. That is money that could be better spent in providing health care to veterans. As you know, the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans recently pointed out the mismatch between demand and funding that has resulted in lengthy waiting times for veterans who come to the VA for care. In fact, last January, the Secretary for Veterans Affairs curtailed the enrollment of Priority 8 veterans because of the long waiting lines. Although VA has consistently referred to these veterans as "higher income veterans", the criteria VA uses for that determination includes that used by HUD to determine eligibility for housing assistance. Many veterans in Montana who fall into the Priority 8 category are not much above that level and are in need of the access to the VA health care that Congress promised in 1996.

Veterans in Montana are concerned about the intent of the CARE process. Our concern, and our confusion, stems in part from conflicting pronouncements from VA regarding the enrollment decision made last January. While veterans were originally told that the reason for curtailing Priority 8 enrollment was due to

lack of funds to meet the demand for care, VA now states in a publication from the Office of Public Affairs (Qs and As, under the Secretary's Draft National CARES Plan, July 2003) that the temporarily suspended enrollment of Priority 8s did not impact at all on the forecasted bed need and "the impact on the projected number of outpatient visits was less than 1 percent of the entire system. When this is broken down to the Network, market and facility levels, the impact is negligible." We would welcome clarification on this matter.

We applaud the following ideas that are put forth:

1. Converting the Cheyene hospital to a Critical Access Hospital and also retaining acute beds.
2. Building a replacement hospital at Fitzsimons in Denver to include a 30-bed Spinal Cord Injury Center.
3. Building a new nursing home at the Fitzsimons campus
4. Exploring opportunities for enhanced use lease for the old campus

We were pleased to hear of the new prescription program where a veteran can bring in the prescription from their outside physician to be filled.

Vietnam Veterans of America, Inc. wishes to express our concern about the following items:

1. The proposed National Draft CARES Plan entitled VISN 19 Special Disability Program Planning Initiatives DID NOT include PTSD, Substance Abuse and Traumatic Brain Injuries. VVA's founding principle is "Never again will one generation of veterans abandon another", we do not want this commission to abandon these programs which are vital to the VA for the care and treatment of the brave military men and women who are returning home from the war in Iraq and to those who served this country in past wars.

2. The plan calls for Montana to expand their in house outpatient care, expand their existing outpatient clinics and improve access to hospital care through increasing the use of community contract services. While this may have the benefit of providing care closer to the veteran's home and improving the delivery of health care in Montana, we question how VA plans to educate numerous contract providers on the issues particular to veterans- among these PTSD, military sexual trauma, and exposure to environmental agents.

3. This expansion puts Montana into Category 2, which we understand to be at the lowest level of funding. This is a real concern to us.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan must be made with caution and a full understanding of what unintended consequences may result. These decision will effectively close beds, cut staffing, compromise services, and damaged the VA's ability to respond to emerging needs of veterans. We believe that this effort, no matter how well intended, will in many instances prove to be counterproductive and ultimately costly to rectify.

Mr Chairman, thank you again for the opportunity to submit our statement for the record before this commission on behalf of Vietnam Veterans of America Montana State Council.